PART B - FEE(S) TRANSMITTAL

AUG 0 2 2006	this form, together w		01	P.O.   Alexa r <u>Fax</u> (571)	Box 14 ndria, -273-28	150 50 Virg 885	inia 22313-1450		
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CURRENT CORRESPONDENC	Fee(s) papers.	Transmit Each ac	ttal. The Iditiona	mailing can only be used it is certificate cannot be used it paper, such as an assignme of mailing or transmission.	for any other acco	mpanying			
27572 7590 05/18/2006  HARNESS, DICKEY & PIERCE, P.L.C.  P.O. BOX 828  BLOOMFIELD HILLS, MI 48303  08/04/2006 WABDELR3 00000059 503213 10774361					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA 03 FC:8001 15.00 DA					August Z /, 2000 / (Signature)				
APPLICATION NO.	FILING DATE	<del></del>	D INVENTOR	-		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/774,361 02/06/2004 Osamu Miyazawa 9319A-000676 5381 FITLE OF INVENTION: DRIVE UNIT AND AN OPERATING APPARATUS									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICA'	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$3	\$300		\$1700	\$1700 08/18/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS					
ADDISON	2834	310-32	310-323020						
I. Change of correspondenc CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
	PRESIDENCE DATA TO B an assignee is identified be 137 CFR 3.11. Completion of EE		data will app Γa substitute					document has beer	n filed for
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent): 🗖 In	dividual	Co	orporation or other private gr	oup entity 🔲 Go	vernment
4a. The following fee(s) are		4b. Payment of Fee(s):  ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.  ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number50-3213							
_ ~ ~	(from status indicated above MALL ENTITY status. See		h Annlie	ant is no longer	claiming	a SMA	_L ENTITY status. See 37 C	FR I 27(a)(2)	
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August **2**, 2006

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